

SENATE BILL 395
By Cohen

AN ACT to enact the "Tennessee AIDS Insurance Assistance Program".

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Definitions.

- (a) In this act, the following words have the meanings indicated:
- (b) "Applicant" means an individual who applies for assistance from the Program.
- (c) "Commissioner" means the commissioner of health.
- (d) (1) Except as provided in subdivision (2) of this subsection, "family" means:
 - (i) The applicant or recipient;
 - (ii) The applicant's or recipient's spouse if the spouse lives with the applicant or recipient; and
 - (iii) The applicant's or recipient's children under the age of eighteen (18) years if the children live with the applicant or recipient.
- (2) If the applicant is a child under the age of eighteen (18) years, "family" means:
 - (i) The minor applicant's or recipient's parents; and
 - (ii) At the option of the minor applicant's or recipient's parents, the minor applicant's or recipient's siblings.
- (e) "Program" means the Tennessee AIDS Insurance Assistance Program.

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(3) "Recipient" means an individual receiving assistance from the program.

SECTION 2. (a) The department of health shall administer a Tennessee AIDS Insurance Assistance Program for HIV positive individuals.

(b) There shall be no more than three hundred (300) recipients enrolled in the program at any one (1) time.

(c) Except as provided in subsection (d) of this section, an individual is eligible for the program if:

(1) Case assets owned by the individual's family, including savings accounts, checking accounts, and stocks and bonds, do not exceed ten thousand dollars (\$10,000);

(2) The individual's family income, earned and unearned, does not exceed three hundred percent (300%) of the federal poverty level;

(3) (i) The individual is eligible for and has applied for continuation of benefits under one of the following authorities:

1. The Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99-272, and any subsequent modifications to that Act; or

2. The Federal Employees Health Benefits Amendment Act of 1988, P.L. 100-654, and any subsequent modifications to that Act.

(ii) The individual is receiving health benefits:

1. Under a policy issued by an authorized insurer or nonprofit health service plan;

2. As an enrollee of an authorized health maintenance organization; or

3. From an employer under a health benefits plan that meets the conditions of the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 1001 et seq., and any subsequent modifications to that act;

(4) The individual is not eligible for health insurance through another family member;

(5) A physician certifies that the individual is:

(i) HIV positive; and

(ii) Due to this illness, the individual is either too ill to continue working in the individual's current position, or there is a substantial likelihood that within three (3) months the individual will be unable to work;

(6) The individual is a resident of the state; and

(7) The Department determines that it is cost effective to enroll the individual in the program.

(d) Eligibility based on liquidation of family assets. Notwithstanding the provisions of subdivision (c)(1) and (2) of this section, an individual is eligible for the program if:

(1) Cash assets owned by the individual's family, including savings accounts, checking accounts, stocks, and bonds, that exceed ten thousand dollars (\$10,000) are paid to the department to be used for the payment of health insurance on behalf of the individual;

(2) The individual's family income, earned and unearned, that exceeds three hundred percent (300%) of the federal poverty level is paid to the department to be used for the payment of health insurance on behalf of the individual; and

(3) The individual meets the eligibility requirements of subsection (c)(3), (4), (5), (6), and (7) of this section.

SECTION 3.

(a) The department shall adopt regulations for the payment of health insurance premiums to insurance carriers or employers under the program.

(b) The program shall comply with the applicable provisions of all federal and state laws that relate to the continuation of health benefits.

SECTION 4. The Department shall adopt regulations that authorize the denial, restriction, or termination of benefits for recipients who commit acts of abuse or fraud against the program.

SECTION 5.

(a) The department shall provide the governor and the general assembly with an annual report summarizing the program expenditures, numbers of recipients, program effectiveness, the estimated savings to the other state programs, additional costs incurred by private insurance companies, and the loss of federal funding, if any.

(b) The department may periodically survey recipients to gather information for the annual report.

SECTION 6. The commissioner is authorized to promulgate rules necessary to implement the provisions of this act.

SECTION 7. This act shall take effect upon becoming a law, the public welfare requiring it.